

What might a drug order look like?

Here are some possibilities.

Physician A License # _____ DEA # _____ Physician B License # _____ DEA # _____ Physician C License # _____ DEA # _____ Refill _____ Circle Supervising Physician

Patient Name _____ DOB _____ Date _____

R
X

PA prints/stamps
name, license #
and DEA #

Signature _____

Address
Telephone

Physician Name

Address #1
Telephone Number

License #
DEA #

Address #2
Telephone Number

Refills _____

R
X

Stamped
PA Name
License #
DEA #

Signature _____

Patient Name _____

Date _____

Physician Name
License Number
DEA Number

PA Name
License Number
DEA Number

Office Address
Telephone Number

Patient Name _____ Date _____

R
X

Signature of Provider _____

Refill _____

Prescription Form XXX County

Facility Name
Address
Telephone

R 1
X

Name _____

Chart No. _____

R 2
X

Address _____

Date _____

R 3
X

Refills _____

Signature _____ P A Signature her Date _____

Print Name _____ Write M. D. and PA names

California License # Write M.D. and PA license # here

DEA # Write M. D. and/or PA DEA # here

Medical Group Name Address Phone

☐ Physician Name
License #, DEA #

☐ PA Name
License #
DEA #

☐ Physician Name
License #, DEA #

☐ PA Name
License #
DEA #

☐ Physician Name
License #, DEA #

☐ Physician Name
License #, DEA #

Patient Name _____ Date _____

R
X

Signature
(PA must check M. D. and PA name)

Refills _____